



UNC
HOSPITALS

August 1, 2011

The State Health Coordinating Council, and
The Medical Facilities Planning Section
DHSR, DHHS
2714 Mail Service Center
Raleigh, NC 27699-2714

DFS Health Planning
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Medical Facilities
PLANNING SECTION

Re: Comments regarding Burn ICU Bed Need Methodology in Proposed 2012 SMFP

SHCC Members and Medical Facilities Planning Section,

The following comments are provided on behalf of UNC Hospitals and the NC Jaycee Burn Center staff.

UNC Hospitals' NC Jaycee Burn Center is one of only two Verified Burn Centers designated by the American Burn Association (ABA) and the American College of Surgeons (ACS) in North Carolina, with the other Verified Burn Center being operated by Wake Forest University Baptist Medical Center. Burn center verification is a rigorous review process with the goal of confirming that the center provides optimal care to burn patients from the time of injury *through* outpatient rehabilitation. Approximately 73 institutions meet this rigorous criteria. The NC Jaycee Burn Center is very supportive of ensuring that the highest quality burn care *continues* to be provided to the residents of North Carolina.

The existing need methodology in the SMFP is based on the days of care attributable to certain Burn DRGs as provided by the two facilities that operate Burn ICU level beds. However, in reality, these days of care attributable to Burn DRGs do not solely represent Burn "ICU" level of care. In response to the Proposed 2012 Burn ICU Bed Need Methodology, we conducted a more in depth analysis of the Burn DRGs in our facility. Preliminary findings reflect that the actual days of care provided to patients with these Burn DRGs also includes general acute days of care and intermediate days of care, as well as true Burn Intensive Care Unit days of care. Additionally, a separate analysis reflected that more than 50% of these Burn DRGs statewide, are not treated in facilities with Burn ICU beds. Therefore, the assumption that the Burn DRGs directly reflect the days of care provided in Burn ICU beds is not accurate. However, the provision of Burn ICU level of care should require the provision of the clinical breadth and continuum of care as defined for a Verified Burn Center.

While we do agree that some number of additional Burn ICU level beds are required in the State, analysis of the true need for Burn ICU level of care by our residents should be performed prior to adopting and implementing a need methodology that could result in allocations that would dramatically increase the number of Burn ICU beds by anywhere from 41% (12 new beds) to 73% (21 new beds). Projecting an inaccurate need methodology out for several years would only compound the inaccuracy. The existing 29 Burn ICU beds have been operated for several years without the addition of any Burn ICU beds in to the state. Additionally, over the years, several other providers of Burn ICU beds voluntarily ceased to operate those beds. The provision of this highest level of burn care involves a rather large investment by the institution for both infrastructure and staff, and serious institutional commitment.

In conclusion, while we support the need for additional Burn ICU Beds, more work is required to develop a need methodology that would more closely reflect the uses of Burn ICU beds and the needs of the state. UNC Hospitals appreciates the opportunity to comment on this important issue and the NC Jaycee Burn Center staff would be more than willing to participate in a SHCC Work Group to further study these issues.

If you have questions please do not hesitate to call me at 919-966-1129. Thank you for consideration of these comments

Sincerely,



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Cc: Dr. Anthony Meyer, Chair, UNC Department of Surgery
Dr. Bruce Cairns, Director, NC Jaycee Burn Center
Dr. Samuel W. Jones, Associate Director, NC Jaycee Burn Center